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Bib Data Sheet

CONFIRMATION NO. 7244

SERIAL NUMBER 10/650,432	FILING DATE 08/28/2003 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 671280.6
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APPLICANTS

Sylvana Miceli, West Orange, NJ;

** CONTINUING DATA *None HM*** FOREIGN APPLICATIONS *None HM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/19/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NJ	DRAWING 2	CLAIMS 11	CLAIMS 2
Verified and Acknowledged	<i>Hannah</i> Examiner's Signature	Initials			

ADDRESS

27162
 CARELLA, BYRNE, BAIN, GILFILLAN, CECCHI,
 STEWART & OLSTEIN
 5 BECKER FARM ROAD
 ROSELAND , NJ
 07068

TITLE

MAKEUP EYEGLASSES

FILING FEE RECEIVED 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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